



TN DUI INTAKE FORM

Today's Date: _____ Admission Date: _____

Client Information:

Last Name: _____ First: _____ Middle: _____

DOB: _____ SS# _____ Race: _____ Sex: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Other: _____

Email Address: _____

Driver License #: _____ State: _____

Employer: _____ Phone: _____

Emergency Contact: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Referred By: (P.O., Judge, court, etc.) _____

Phone: _____ Fax: _____ Email: _____

Attorney: _____

Phone: _____ Fax: _____ Email: _____

Are you under a doctor's care? _____ Doctors Name: _____

What are you being treated for? _____

Are you taking medication? _____ If so, what? _____

Are you HIV positive? _____ Do you have Hepatitis? _____ Do you have Tuberculosis? _____

Do you have any other communicable diseases? _____

In which state did you get your DUI (even if it was reduced to reckless driving and/or drug possession charge) that you will be attending DUI School for? _____

In which state were you currently licensed at the time of the arrest? _____

Was the actual charge for DUI? _____ Have you had any other DUI charges even if they were reduced? _____ How many? _____

If so, what were the arrests and what state did those occur?

Are any of these charges currently pending? _____

Have you had other driving related citations since the above DUI arrest? _____ If so, what?

Do you know if you need an alcohol and drug evaluation? _____ If so, you will need to call the front desk and schedule that separately.

Are you required to have an Interlock Device installed on your vehicle? _____

Are you required to have SR-22 Insurance? _____

Do you have an alcohol monitor? _____

Are you currently on probation? _____ What agency? _____

PO Name: _____ Phone: _____

I understand and accept if the offense occurred or if I was licensed in Georgia, North Carolina, South Carolina or Kentucky, I must do the Risk Reduction course of 20 hours to reinstate my license, and it is my responsibility to confirm the number of hours needed.

I give my permission for family and/or individual treatment/services at Tennessee Community Counseling & DUI School.

Client signature: _____ Date: _____

Witnessed by: _____ Date: _____

CLIENT RIGHTS AND RESPONSIBILITIES

Tennessee Community Counseling Services Inc. will demonstrate respect and support for each client's rights. The agency ensures each client receives professional and humanistic services in a manner that protects their fundamental human, civil, constitutional and statutory rights. Staff will be trained in the consistent application of these rights quarterly to ensure all staff are aware of such rights. All clients will receive a copy (and have it explained) of their rights as a patient as well as facility rules and client responsibilities. A copy of these rights, rules and responsibilities will be posted in the lobby of each facility.

CLIENT RIGHTS IN ALL SERVICES AND FACILITIES

(1) The following rights shall be afforded to all clients by all licensees and are not subject to modification:

- (a) Clients have the right to be fully informed before or upon admission about their rights and responsibilities and about any limitation on these rights imposed by rules of the facility. The facility must ensure that the client is given information about his or her rights that shall include at least the following:
 - 1. A statement of the specific rights guaranteed the client by these rules and applicable state and federal laws;
 - 2. A description of the facility's complaint and grievance procedures;
 - 3. A listing of all available advocacy services;
 - 4. A copy of all general facility rules and regulations of clients; and
 - 5. The information must be presented in a manner or format that promotes understanding by clients of their rights and an opportunity must be given to clients to ask questions about the information. If a client who is unable to understand this information at the time of admission later becomes able to do so, the information must be presented to the client at that time. If a client is likely to continue indefinitely to understand this information, the facility must promptly attempt to provide the required information to a parent, guardian or other appropriate person or agency responsible for protecting the rights of the client;
- (b) Clients have the right to voice grievances to staff of the facility, to the licensee and outside representatives of their choice with freedom from restraint, inference, coercion, discrimination or reprisal;
- (c) Clients have the right to be treated with consideration, respect and full recognition of their dignity and individually;
- (d) Clients have the right to be protected by the licensee from neglect, from physical, verbal and emotional abuse (including corporal punishment), and from all forms of misappropriation or exploitation;
- (e) Clients have the right to be assisted by the facility in the exercise of their civil rights;
- (f) Clients have the right to be free of any requirement by the facility that they perform services which are ordinarily performed by facility staff;
- (g) Clients have the right to privacy while receiving services;
- (h) Clients have the right to their personal information kept confidential in accordance with state and federal confidentiality laws;

- (i) Clients have the right to ask the facility to correct information in their records. If the facility refuses, the client may include a written statement in the records of the reasons the disagree;
 - (j) Clients have the right to be informed about their care in a language they understand; and,
 - (k) Clients have the right to vote, make contracts, buy or sell real estate or personal property, or sign documents unless the law or a court removes these rights.
- (2) The following rights must be afforded to all clients by all licensed facilities unless modified in accordance with rules 0940-05-06-.07 or 0940-05-06-.08:
- (a) Clients have the right to participate in the development of the client's individual program or treatment plan and to receive sufficient information about proposed and alternative intervention and program goals to enable them to participate effectively;
 - (b) Clients have the right to participate fully, or refuse to participate, in community activities including cultural, educational, religious, community services, vocational and recreational activities;
 - (c) If residential services are provided, clients must be allowed to have free use of common areas in the facility with sue regard for privacy, personal possessions and,
 - (d) Clients shall be permitted to retain and to use personal clothing and appropriate possessions including books, pictures, games, toys, radios, arts and crafts materials,
 - (e) Spouses are clients residing in the facility, they must be permitted to share a room;
 - (f) If residential services are provided, clients have the right to associate and communicate privately with persons of their choice including receiving visitors at reasonable hours; and
 - (g) If residential services are provided, the people supported have the right to be given privacy and freedom in the use of their bedroom/sleeping area.
 - (h) Clients have the right to be accorded privacy and freedom for the use of bathrooms when needed.
 - (i) Clients shall not have any of the following responsibilities: Responsibility for the care of other patients; Responsibility for the supervision of other clients unless on-duty/on-site staff are president; Responsibilities requiring access to confidential information.

CLIENT SIGNATURE: _____ DATE _____

WITNESS SIGNATURE: _____

Tennessee Community Counseling Services, Inc.
PROGRAM RULES

These rules are designed to provide structure and contribute to the sobriety of each participant. These rules describe the terms and conditions of the program you will be involved in. Please read carefully and sign. A staff member will assist you with any questions you may have.

I understand that by signing this agreement I am committing myself to the following:

1. I agree to submit to random alcohol and/or other drug screening and will not attempt to dilute, mask or tamper with my specimen (including bringing urine in).
2. I agree to attend the program regularly and as outlined in my treatment plan.
3. I agree to smoke only in designated smoking areas.
4. I agree to abstain from all alcohol use and all illegal or mind altering substances while I am involved in and participating in the program.
5. I understand that abusive, rude or improper language or behavior to staff or other group members is not allowed and will not be tolerated.
6. I understand that I am prohibited from having drugs/intoxicants in my possession on these premises and will be arrested if in violation.
7. I agree to adhere to the program schedule and will be on time for program activities. Tardiness is not acceptable.
8. No drugs other than those prescribed for me by a licensed physician will be taken or allowed on these premises. Exceptions may be made for aspirins, antacids and some other over the counter medications not taken in an abusive fashion.
9. Tennessee Community Counseling Services, Inc. will not be responsible for any personal items left on the premises.
10. Gambling, violence or other activities prejudicial to the good order of the community are prohibited.
11. Telephones may be used for local calls only. Please ask for permission prior to using the phone and limit phone calls to three (3) minutes or less. **NO PRANK CALLS.**
12. I understand that any misuse of property belonging to TCCS or Eastgate Town Center will not be tolerated.
13. I agree not to bring any weapons (guns, knives, brass knuckles, etc...) on the premises, to include Eastgate Town Center property.

I understand that any violation of the above rules may be grounds for termination from the program.

X

CLIENT SIGNATURE

DATE



CONSENT FOR RANDOM DRUG SCREENING

(CONSENT IS REQUIRED IN THIS FACILITY EVEN IF YOUR REFERRING AGENCY DOES NOT REQUIRE IT)

I, X_____, hereby consent to be tested for the presence of alcohol and/or illegal substances in my body to comply with a court order, probation/parole or to aid in the assessment process. I understand that a qualified TCCS staff member will monitor my urine specimen screening by being present during this process. I understand that refusal will be considered a positive result. Pertaining to assessments: I understand this is voluntary, and the results will be used as part of the assessment process.

I, X_____, understand that prior to any urine screen I am responsible for advising the staff member if I have HIV, AIDS, Hepatitis, Tuberculosis, or any other health related issue that could be spread by the possible contact of bodily fluids.

I, X_____, understand that any attempt to alter a urine specimen in any way (this includes diluting by drinking water or products that may alter the specimen) will be considered a positive result. I understand that it is my right to challenge any returned readings, additional re-testing of the original specimen that is being challenged. I understand if I want to challenge a specimen, I am responsible for the additional cost.

Responsible Party Signature

Witness Signature

Date



FEE AGREEMENT

Reoccurring fees

Batterers' Intervention Program	\$55-Intake, \$35 per class (26 classes \$965)
Anger Management Education	\$55-Intake, \$30 per class (12 Classes \$415) (26 classes \$835)
Parenting Education	\$55-Intake, \$30 per class (12 Classes \$415) (26 classes \$835)
Alcohol/Drug Education	\$55-Intake, \$30 per class (12 classes \$415) (26 classes \$835)
Intensive Outpatient Program (IOP)	\$50-Intake, \$40 per group (30 sessions \$1250, may vary)

One Time Fees

TN DUI School	\$125
GA DUI School	\$250
Alcohol/Drug Assessment	\$175/\$600 (some out of state)
Individual BIP session	\$85
Individual Anger or Parenting session	\$85
In-office 14 panel screen	\$40
Lab confirmation 10-panel	\$50
5-panel hair follicle screen	\$160
7-panel hair follicle screen	\$180
9-panel hair follicle screen	\$200

As a patient or client of Tennessee Community Counseling Services, Inc. (TCCS), you are responsible for payment for all services provided to you at the time of service in accordance with our established charges. Payments may be made by cash, money order or credit/debit card. Payments made by card require an additional convenience fee of \$5 per transaction. If insurance may be filed for payment of treatment or counseling (insurance does not cover education) you will be notified of failure to pay. The unpaid fees for services will be your responsibility.

Responsible Party Signature

Witness Signature

Date

NOTIFICATION OF CONFIDENTIALITY REGULATIONS

I do hereby understand that section of the Federal Confidentiality Regulation (42 CRS, Part 2) which reads: "The Prohibitions of this part of disclosure of patient records or information contained therein apply to all individuals who are personnel of treatment programs, researchers, auditors, evaluators, service organizations, others having access to such records or information and continue to apply to such individuals with respect to such records or information after the termination of their employment or other relationship or activity giving rise to such access." I understand that this applies to written, oral and observable records of a patient's treatment at Tennessee Community Counseling Services, Inc. "Patient's Records" includes disclosure of the identity of patients observed in treatment.

I have read, or have had read to me, the above statement and understand its content and accept my responsibility for maintaining the confidentiality to which clients at Tennessee Community Counseling Services, Inc. are legally and ethically entitled. I also understand that violation of Federal Confidentiality Regulations carries a penalty of fines and/or imprisonment.

Your signature constitutes understanding and acceptance of the above regulations and penalties for violations of said regulations.

X

CLIENT SIGNATURE

DATE